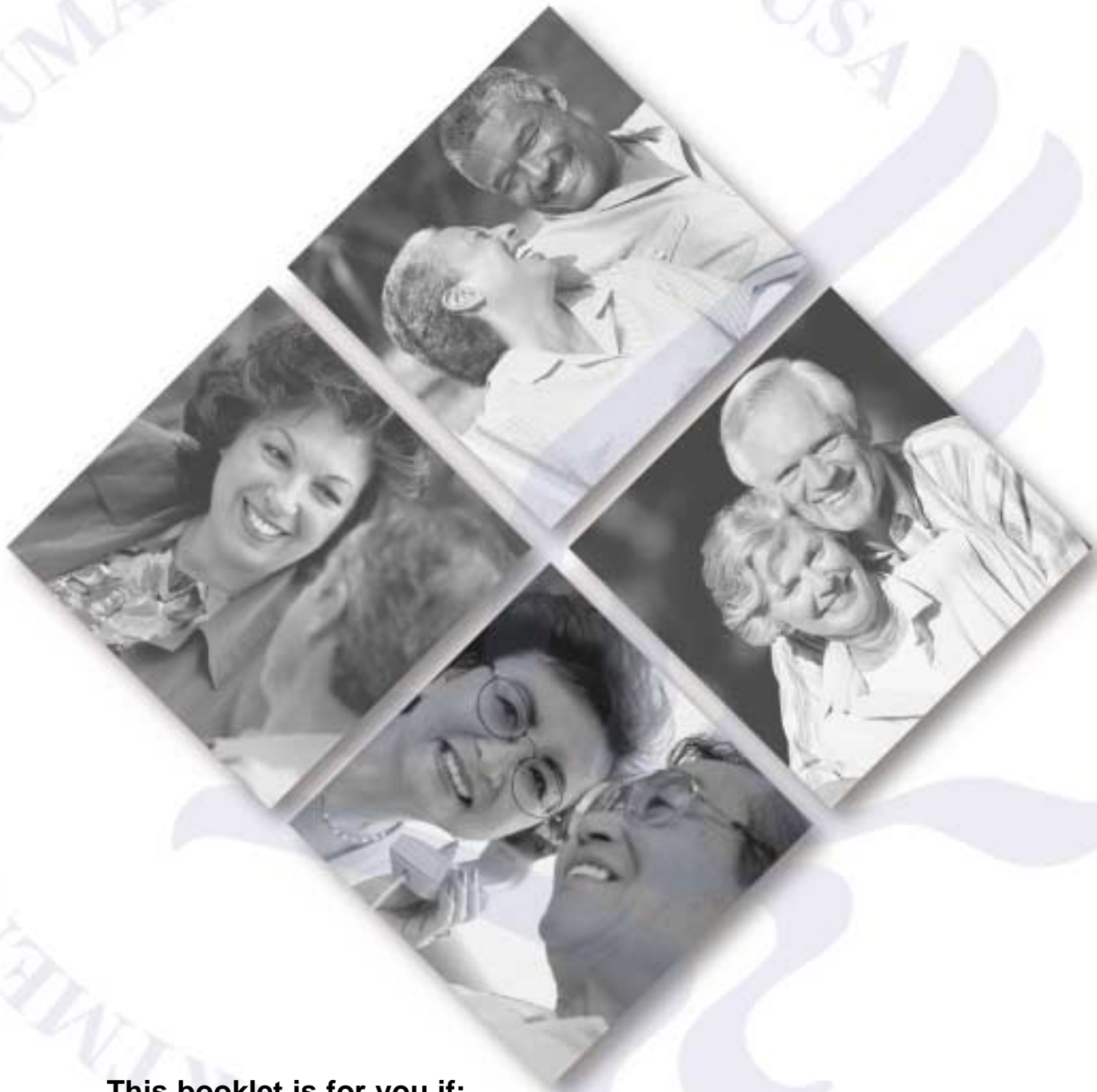


New Rules for Switching Medicare Health Plans



This booklet is for you if:

- You are in a Medicare managed care plan (like an HMO) or Medicare Private Fee-for-Service plan now, or
- You are thinking about joining one of these plans.



CENTERS FOR MEDICARE & MEDICAID SERVICES

Disclaimer: This booklet provides a summary of Medicare plan changes. It is not a legal document. The official Medicare program provisions are contained in the relevant laws, regulations, and rulings.

How to find what you need in this booklet:

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The Rules for Switching Medicare Health Plans are Changing

Over the next two years, the rules for when and how often you can switch Medicare health plans will change. If you are in a Medicare health plan or are thinking about joining one, you need to know how the new rules affect you. The new rules are:

Starting January 1, 2002, you can leave a Medicare health plan and join another plan **only one time** from **January 1** through **June 30, 2002**. The plan must be accepting new members.

Medicare Health

Plan: These are different types of health plans for people with Medicare including the Original Medicare Plan, Medicare managed care plans (like HMOs), and Medicare Private Fee-for-Service plans.

In November of 2002, you will have another chance to switch plans. If you switch plans in November 2002, the change will be effective January 1, 2003.

Starting January 1, 2003, the rules will change. You can leave a Medicare health plan and join another plan **only one time** from **January 1** through **March 31, 2003**. The plan must be accepting new members.

Just like in 2002, you will have another chance to switch plans in **November**. Any change made in November will be effective the following January.

There are some exceptions to these new rules. You may also have specific questions or concerns. The rest of this booklet will explain the new rules in more detail.



Q What are the old rules for leaving a Medicare health plan?

A Until December 31, 2001, you can leave a Medicare health plan at any time for any reason. You can join a Medicare health plan at any time as long as the plan is accepting new Medicare members. You do not have to stay in the plan for any specific period of time. You can also leave a Medicare managed care plan or Private Fee-for-Service plan and join the Original Medicare Plan at any time.

Q Why are the rules changing?

A Congress decided in 1997, that Medicare health plans should have certain times when people can make changes. The new rules will make Medicare like most other health insurance programs, which allow people to change health plans only during certain times of the year. These rules will help Medicare health plans manage health care costs and payments, and plan for your care.

Q Is there any time of year when I can change plans, no matter what?

A Anyone can change Medicare health plans from November 1 to November 30 every year. During the month of November you can leave any Medicare health plan. You can join another plan, if it is accepting new Medicare members. Or, you can return to the Original Medicare Plan. Any change made in November will be effective the following January.



Q Are there any times when the new rules do not apply?

A There are a few times when the new rules for the year 2002 and beyond do not apply. You could leave or join a Medicare health plan at another time if:

1. Your health plan leaves Medicare.
2. You move out of your plan's service area.
3. You are in another situation that Medicare decides is an exception.

Q Once I am in a plan, how do I know the plan will not increase my costs?

A Once you join a plan, your premium and copayments will not increase for the year you are enrolled. If your plan increases premiums or copayments for the following year, you will get a notice by late October. You then have the option during November to switch plans or return to the Original Medicare Plan.

Your plan may be able to change the benefits it offers. For example, your plan may be able to change its drug formulary (a list of prescription drugs that the plan covers) at any time. If this happens, your plan may no longer cover medications you need or you may have to pay more out-of-pocket for prescription drug coverage.

Q Will my doctor be able to leave the plan at any time?

A Yes. Doctors can join or leave Medicare health plans at any time. If your doctor leaves your plan, ask your plan for the names of participating doctors in your area, so you can switch to a new doctor.



New Rules for Switching Medicare Health Plans

Depending on your situation, different rules may apply to you. This section of the booklet talks about different rules for people who:

- ◆ Are 65 years old and new to Medicare.
- ◆ Just became eligible to join a Medicare managed care plan, or Private Fee-for-Service plan.

Q I'm 65 and new to Medicare. What do I need to know about the new rules for joining and leaving a health plan?

A Different rules apply to you if you are 65 and new to Medicare.

Beginning in 2002, you can leave the first Medicare health plan you joined (when you turned 65) and return to the Original Medicare Plan once during your **first 12 months in that plan**.

You also have an opportunity to switch to a new Medicare managed care plan (like an HMO) or Private Fee-for-Service plan.

- ◆ In 2002, you can make one switch to a Medicare managed care plan or Private Fee-for-Service plan during the first six months after you begin to get Medicare benefits.
- ◆ In 2003, you will be able to make this type of change during the first three months after you begin to get Medicare benefits.

If you make a switch and are unhappy with your change, you can switch plans again in November. When you switch plans in November, the change will be effective the following January (see page 2).

Example: Mrs. Smith turned 65 in March 2002 and received her red, white, and blue Medicare card. Her card shows that she has Medicare Part A and Part B. She joins Alpha health plan in March 2002. Mrs. Smith has until March 2003 to switch to the Original Medicare Plan. She has until August 2002 to switch to a Medicare managed care plan or Private Fee-for-Service plan.



Q This is the first time I'm eligible to join a Medicare managed care plan or Private Fee-for-Service plan. What do I need to know about the new rules for switching health plans?

A Different rules apply to you if this is the first time you are eligible to join a Medicare managed care plan or Private Fee-for-Service plan. You may have just become eligible if you had either Medicare Part A only or Part B only and recently enrolled in both.

If **2002** is the first time you are eligible to join a Medicare managed care plan or Private Fee-for-Service plan, you can make **one switch** to another health plan or return to the Original Medicare Plan:

- ◆ During the first **six months** you are eligible to join, or
- ◆ Until December 31 of that year.
— whichever comes sooner.

Example: Mrs. Smith is eligible to join a Medicare health plan for the first time in February 2002. She joins Alpha health plan at that time. She has until July 31, 2002, to return to the Original Medicare Plan or join a different health plan.

If **2003, or any year after**, is the first time you are eligible to join a Medicare managed care plan or Private Fee-for-Service plan, you can make **one switch** to a different health plan or return to the Original Medicare Plan:

- ◆ During the first **three months** you are eligible to join, or
- ◆ Until December 31 of that year.
— whichever comes sooner.

Example: Mr. Jones is eligible to join a Medicare health plan for the first time in January 2003. He decides to join Beta health plan in March 2003. He will have to wait until November 2003 to join another health plan.



Q What if I don't know which group I'm in or how the new rules affect me?

A If you are in a Medicare health plan and don't know how the new rules will affect you, talk to your plan representative or membership office. You also can call 1-800-MEDICARE (1-800-633-4227; TTY/TDD: 1-877-486-2048) with general questions about the new rules.

Q I have a Medicare health plan through my former employer/union. How will the new rules affect me?

A If you have employer or union health coverage, these rules will probably not apply to you. Talk to your employer or union benefits administrator to find out if the new rules affect you.

Q How can I find information on other Medicare topics?

A To find information on other Medicare topics, you can:

1. Look at **www.medicare.gov** on the Web and select "Publications." You can read, print, or order these booklets.
2. Call 1-800-MEDICARE (1-800-633-4227; TTY/TDD: 1-877-486-2048) to order Medicare booklets.
3. Put your name on the Web mailing list to get an e-mail message when a new Medicare booklet is available. To sign up, go to **www.medicare.gov** and select "Subscribe to Our Mailing List." Then select the topic "Publications," type your e-mail address in the box at the bottom, and select "Subscribe."



Important Words

Copayment: In some Medicare health plans, the amount you pay for each medical service, like a doctor visit. A copayment is usually a set amount you pay for a service. For example, this could be \$5 or \$10 for a doctor visit. Copayments are also used for some hospital outpatient services in the Original Medicare Plan.

Enrollment Period: A certain period of time when you can join a Medicare health plan if it is open and accepting new Medicare members. If a health plan chooses to be open, it must allow all eligible people with Medicare to join.

Medicare Managed Care Plan: These are health care choices in some areas of the country. In most plans, you can only go to doctors, specialists, or hospitals on the plan's list. Plans must cover all Medicare Part A and Part B health care. Some plans cover extras, like prescription drugs. Your costs may be lower than in the Original Medicare Plan.

Original Medicare Plan: A pay-per-visit health plan that lets you go to any doctor, hospital, or other health care provider who accepts Medicare. You must pay the deductible. Medicare pays its share of the Medicare-approved amount, and you pay your share. The Original Medicare Plan has two parts: Part A (Hospital Insurance) and Part B (Medical Insurance).

Premium: The periodic payment to Medicare, an insurance company, or a health care plan for health care coverage.

Private Fee-for-Service Plan: A private insurance plan that accepts people with Medicare. You may go to any Medicare-approved doctor or hospital that accepts the plan's payment. The insurance plan, rather than the Medicare program, decides how much it will pay and what you pay for the services you get. You may pay more for Medicare-covered benefits. You may have extra benefits the Original Medicare Plan does not cover.



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1-800-MEDICARE (1-800-633-4227; TTY/TDD: 1-877-486-2048 para
personas con impedimentos auditivos o del lenguaje oral).

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